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Application No.: New Application

RD-26357-4

DEP ZREF Room 307

PAIENT NO



ATTENTION:

Refund Section 700 FEB

Accounting Division

Office of Finance PATENT & TELLES

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

James N. Cawse

Group Art Unit:

Application No.: New Application

Divisional Application of Serial Number 09/618,794

Examiner:

Filed: July 11, 2003

For:

SEQUENTIAL HIGH THROUGHPUT SCREENING METHOD AND

SYSTEM

REQUEST FOR REFUND TO DEPOSIT ACCOUNT

Mail Stop 16 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to a July 31, 2003 MONTHLY STATEMENT OF DEPOSIT ACCOUNT (copy attached) from the General Accounting Branch, it is respectfully requested that the amount of \$ 270 be refunded to Deposit Account Number 500917 in the name of Philip D. Freedman, PC for the following reasons:

On July 11, 2003, Applicant filed a divisional Application (identified above; no filing slip has been provided to date). The divisional Application included a Credit Card Payment Form (copy attached) authorizing the PTO to charge the filing fee (\$ 750) and additional claims fee (\$ 270) in the total amount of \$ 1020 to counsel's Visa credit card. The PTO correctly charged both the filing fee (\$750) and additional claims fee (\$ 270) to counsel's Visa credit card, as indicated by the attached monthly statement copy. However, the PTO additionally and incorrectly charged \$ 270 to Deposit Account Number 500917 as shown on the attached MONTHLY STATEMENT OF DEPOSIT ACCOUNT.

Adjustment date: 06/09/2004 EEKUBAY2-07/21/2003 SSANDARA_0000001 500917 270:00-CR 01 F6:1202

06/15/2004 EEKUBAY1 00000002 09618794

01 FC:1202

270.00 OP

REST AVAILABLE COPYD-26357-4

Application No.: New Application

The additional claims fee in the amount of \$ 270 was incorrectly charged

twice.

Accordingly, it is respectfully requested that the amount of \$270 in OFFICE respect of the double charge be refunded to Deposit Account No. 500917 and that the Patent Office acknowledge this refund in writing to the undersigned.

Respectfully submitted,

Philip D Freedman, 24,163 Philip D. Freedman PC

P.O./Box 19076

Alexandria, Virginia 22320

703 313-0171

Fax: 703-706-5327

Email: tekesq@tekesq.com

Enclosures:

Charge Card Payment Form copy
MONTHLY STATEMENT OF DEPOSIT ACCOUNT
Credit Card Statement

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MARY OF TRAN	ISACTIONS								TOTAL MINIMUM PAYMENT DUE
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MONTHLY STATEMENT OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and return top portion with your check. Make check payable to Director of Patents & Trademarks.

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Page	1					

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